

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8695

FILED APR 7 1954

1232

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>7 hours</u>		d. STREET ADDRESS (If rural, give location) <u>6521 Sagamore Rth.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>F.</u> c. (Last) <u>HENDERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>19</u> <u>'54</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <u>1</u>	8. DATE OF BIRTH <u>9/29/11</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>District Mgt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Signage Steel</u>		11. BIRTHPLACE (State or foreign country) <u>CHICAGO, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>ARTHUR F. HENDERSON</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA DIAMOND</u>		14. NAME OF HUSBAND OR WIFE <u>Zita Henderson</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>341-03-1854</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ZITA HENDERSON, 6521 SAGAMORE RD.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>72 hours.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Oesophageal Varices</u> DUE TO (c) <u>Cirrhosis of Liver.</u>				<u>1 year</u> <u>3 years.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>581</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Mar, 1951, to Mar 17, 1954, that I last saw the deceased alive on Mar 17, 1954, and that death occurred at 5:25A m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. L. Byers</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>7035 Wyandotte, R.C. 12 Mo</u>		23c. DATE SIGNED <u>3/17/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>3. 19-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. H. Newcomer, 1001 Kansas City, Mo.</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Basil V. Honey

Licensed Embalmer No. 4724

P. O. Address Ashland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.